



IBS West Coast Regional Convention - November 22-23-24, 1985
Sainte Claire Hilton Hotel - San Jose, California

EXHIBITOR REGISTRATION FORM

Exhibitor Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____

☐ Record Company
☐ Equipment Supplier
☐ Program Syndicator
☐ Publication
☐ Other: _____

Please register our company as an Exhibitor for the **1985 IBS West Coast Convention**.
Our completed Exhibitor Agreement is attached and fees indicated below are enclosed:

Basic Fee (as described in Exhibitor Agreement)

Extra Exhibit Space (subject to availability)

Total: \$ _____

The following are the names of anticipated exhibit personnel representing our company:

Our exhibit will consist of: ☐ Floor Exhibit/Table ☐ Hospitality Suite

Any special arrangements needed: (may be at Exhibitor's expense)

Terms and conditions are shown in Exhibitor's Agreement, which is to be completed and returned with this form and your payment check to:

KFJC - Foothill College
12345 El Monte Road
Los Altos Hills, CA 94022

(415) 960-4260

Note: All hotel room arrangements, including hospitality suites and sleeping rooms are to be made directly with the Sainte Claire Hilton hotel. Convention room rates and information supplied upon request.